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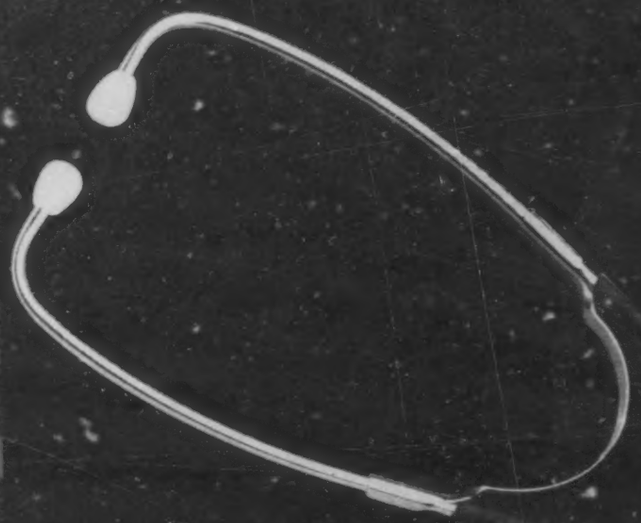

How To Help Your Patients Stop Smoking

A National Cancer Institute Manual for Physicians

U.S. Department of Health and Human Services
Public Health Service
National Institutes of Health

HE 20.3158:

How To Help Your Patients Stop Smoking

A National Cancer Institute Manual for Physicians

by
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National Cancer Institute

U.S. Department of Health and Human Services
Public Health Service
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Preface

This smoking cessation manual for physicians is the product of five years of work to prevent cancer. The National Cancer Institute (NCI) established its Smoking, Tobacco, and Cancer Program (STCP) in 1982 to develop, test, and disseminate the most effective techniques to reduce the prevalence of tobacco use in America. A major component of this research program are studies to establish effective smoking cessation techniques for physicans to use with their smoking patients. Other components are studying the use of mass media, school curricula, "self-help" programs, and strategies for high-risk populations including blacks, Hispanics, women, smokeless tobacco users, and heavy smokers.

An appreciation of the unique ability of physicians to advise and influence their patients to stop smoking prompted the NCI to support five randomized, controlled clinical trials to test a variety of physician-delivered smoking cessation techniques. These trials, conducted by distinguished investigators in the field of smoking control, have involved more than 700 physicians and 40,000 patient subjects.

There is now sufficient data from these trials to recommend the most effective techniques to physicians and to disseminate this information as widely as possible. That is the purpose of this manual.

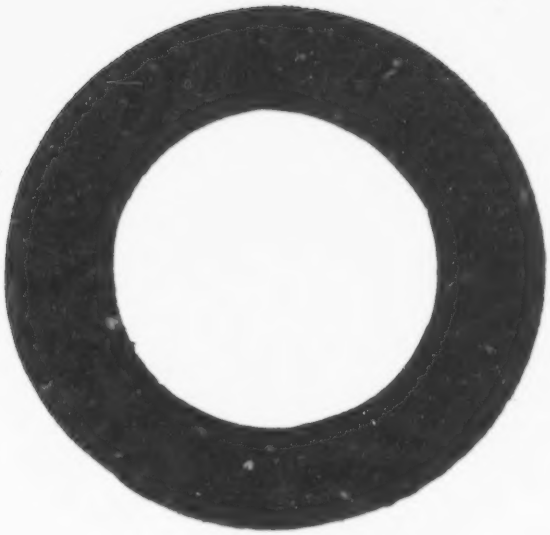
Given the pressing medical demands made daily on practicing physicians and their staff, the interventions described in this manual are brief, permitting their regular use with all smoking patients. While every physician's practice is unique, the recommended activities can be adapted to almost any outpatient medical setting.

As discussed in the manual, many patients will not choose to stop smoking the first time they receive medical advice. Further, many patients will not stop smoking permanently after their first attempt to quit, but will require several serious attempts. For these reasons, the brief interventions that are suggested may need to be repeated. Accordingly, this manual recommends how physicians can incorporate smoking cessation techniques into a variety of encounters with a smoking patient, until cessation is successful.

The NCI has established a goal to reduce U.S. cancer mortality rates by up to 50 percent by the year 2000. Because cigarette smoking is responsible for 30 percent of all cancer deaths, the NCI goal can only be achieved if there is an effective and broadly applied attempt to reduce smoking prevalence.

Thank you for joining this important effort to improve health and reduce cancer mortality.

Vincent T. DeVita, Jr., M.D.
Director
National Cancer Institute, 1980-1988



Foreword

Cigarettes and other forms of tobacco are addicting. This is a major conclusion of my 1987 Surgeon General's report, "The Health Consequences of Smoking: Nicotine Addiction."

Literally hundreds of studies have demonstrated the addictive nature of the nicotine found in tobacco. As physicians, we have a responsibility to diagnose and treat patients who are addicted to nicotine, just as we would provide treatment to patients who are addicted to illicit drugs or alcohol. Cigarettes are the leading cause of preventable death in our Nation today. They kill far more people than alcohol or other drugs.

This manual provides physicians, nurses, other health workers, and their associates with the necessary information to institute smoking cessation techniques in their practices. The interventions described are simple and brief. Their rationale, however, is solid; it emanates from large clinical trials carried out under the auspices of the National Cancer Institute (NCI) over the past five years. That research clearly indicates that physicians and other health care professionals can significantly reduce the prevalence of smoking in this country if they intervene in smoking cessation.

As highlighted in my 1987 report and codified in the NCI intervention research studies, effective treatment of nicotine addiction requires knowledge of both pharmacological and behavioral aspects of the condition. Physicians are uniquely qualified to provide such treatment. The information provided in this manual addresses both of these components. The recommended techniques are not complex and can be mastered in a relatively short time.

I encourage professionals committed to improving the health of our Nation to learn and practice these techniques with all of their smoking patients. Professionals not only will serve their patients well and guarantee them a more healthful life, but their efforts also will help move the United States toward the very important goal of a smoke-free society.

C. Everett Koop, M.D., Sc.D.
Surgeon General

Acknowledgments

This manual was derived primarily from the experience of five physician-based smoking cessation intervention trials funded through the National Cancer Institute's Smoking, Tobacco, and Cancer Program. The Principal Investigators of these trials include Thomas J. Coates, Ph.D., and Steven R. Cummings, M.D. (University of California at San Francisco School of Medicine); J. Allan Best, Ph.D. (Waterloo University), and Douglas M.C. Wilson, M.D. (McMaster University); Stuart J. Cohen, Ed.D., and George K. Stookey, Ph.D. (Indiana University Schools of Medicine and Dentistry); Thomas E. Kottke, M.D. (Mayo Clinic), and Leif I. Solberg, M.D. (University of Minnesota School of Medicine); and Judith K. Ockene, Ph.D., and Rob Goldberg, Ph.D. (University of Massachusetts School of Medicine). Many other individuals and institutions, too numerous to mention, provided material and information.

This manual was reviewed by a number of people at several points in its development. These reviewers are David M. Burns, M.D.; Stuart J. Cohen, Ed.D.; Joseph W. Cullen, Ph.D.; K. Michael Cummings, Ph.D.; Steven Cummings, M.D.; Elizabeth Hughes, Ph.D.; John Hughes, M.D.; Elizabeth Lindsay, Ph.D.; Robert Martin, M.D.; Ruth Mattingly, M.P.A.; Patricia Maxwell, R.N.; Jeffrey McKenna, M.S.; Judith K. Ockene, Ph.D.; C. Tracy Orleans, Ph.D.; Terry F. Pechacek, Ph.D.; Martin Raw, Ph.D.; John Richards, M.D.; Neil Schlackman, M.D.; Barbara Shapiro; Leif I. Solberg, M.D.; William Wadland, M.D.; Jeffrey Werner, M.D.; and Douglas M.C. Wilson, M.D. We appreciate their thoughtful comments and are particularly grateful to Drs. Wilson and Lindsay for their efforts at the outset of the project and to Dr. Michael A.H. Russell for his advice and pioneering work in this field. The manuscript was typed by Shirley Wimberly and Sean Cunningham.

The National Cancer Institute retains sole responsibility for this manual's content.

About This Manual

How To Use This Manual

This manual is designed to help you create a smoking cessation program that operates smoothly and effectively, based on methods proven in clinical trials. It provides brief, concise guidelines for busy physicians, nurses, and medical office staff to help patients stop smoking.

The manual has been divided into the following four sections:

Synopsis (pages 5-7) provides a brief overview of the actions recommended for the physician and for the office staff in implementing this program. (Tear-out versions of these sections appear at the end of the guide.)

Helping Patients Stop (pages 9-34) provides both "action summaries" and a detailed approach for both the physician and office staff to help patients stop smoking. If it is not possible for the physician and office staff to review each of these steps, the physician should review Steps 1, 4, and 5, and the office staff should review Steps 2, 3, and 5.

Appendices (pages 35-65) list sources of additional materials and information to help the physician and office staff assist patients who are trying to stop smoking. The physician or office staff member who instructs patients in smoking cessation should be familiar with this section, especially appendices A and B.

Tear-Out Materials are provided at the end of the manual for use by physicians and staff in implementing the smoking cessation steps in the office.

As a physician, you know the health hazards of cigarette smoking.* It is the chief, single cause of premature mortality in this country, responsible for more than 320,000 deaths — 1 in every 6 U.S. deaths — each year. You can play a vital role in reducing the number of smoking-related deaths by helping your patients to stop smoking. Research has shown that your smoking cessation advice may provide the most critical incentive they have to stop.

Your active involvement in smoking cessation counseling can be particularly effective for many reasons, among them:

The physician/patient relationship is a unique and powerful one, giving a physician a natural forum for smoking cessation counseling.

More than 70 percent of U.S. smokers see their physician at least once a year, giving physicians access to more smokers than any other qualified individual, group, or institution in our society.

Clinical trials have demonstrated that physicians can help their patients stop smoking.

If physicians deliver simple smoking cessation messages, the potential for a broad public health impact is great. For example, if *only half* of all U.S. physicians gave brief advice to their patients and were successful with *only 10 percent* of them, there would still be *2 million* new nonsmokers in the United States each year — more than *20 million* over a decade.

By the simple act of providing smoking cessation advice, you will be participating in a major and far-reaching public health initiative. Smoking cessation is a key component of the National Cancer Institute's (NCI) strategy to reduce the U.S. cancer mortality rate by 50 percent by the year 2000, and the Surgeon General has set a goal of achieving a smoke-free society by the year 2000.

With such compelling reasons to promote smoking cessation, why don't all physicians do so? Their reasons are varied, including lack of time, training, support staff, and backup materials and programs.

To address these concerns, NCI has prepared this step-by-step guide to developing a smoking cessation program in your own office. The guide employs a team approach to make maximum use of your time where it will be most effective, and to rely on your office staff for other activities, without disrupting a busy practice. Recent

*The term "smoking" is used throughout this manual to refer to both cigarette smoking and use of smokeless tobacco (chewing tobacco and snuff). The Surgeon General has determined that smokeless tobacco is not a safe substitute for cigarette smoking and in itself can cause cancers and significant oral disease.

research has shown that with a team approach, a smoking cessation program can have significantly better success than a program carried out by a physician alone.

With this team approach, there are five steps to creating a smoking cessation program:

1. Select an office smoking cessation coordinator.
2. Create a smoke-free office.
3. Identify all smoking patients.
4. Develop patient smoking cessation plans.
5. Provide followup support.

It is essential that the smoking cessation program be viewed as an ongoing, integral part of the practice. Because many patients will not stop smoking the first, second, or even third time they are counseled to do so, *it is important for both the physician and the office staff to treat brief smoking cessation advice as a routine activity during every office visit by a smoking patient.*

Synopsis

Synopsis

Helping Patients Stop

Appendices

Tear-Out Materials

Synopsis for Physicians: How To Help Your Patients Stop Smoking

Ask About Smoking At Every Opportunity.

a. "Do you smoke?"
b. "How much?"
c. "How soon after waking do you have your first cigarette?"
d. "Are you interested in stopping smoking?"
e. "Have you ever tried to stop before?" If so, "What happened?"

Advise All Smokers To Stop.

a. State your advice clearly, for example: "As your physician, I must advise you to stop smoking now."
b. Personalize the message to quit. Refer to the patient's clinical condition, smoking history, family history, personal interests, or social roles. (For examples, see page 24.)

Assist The Patient In Stopping.

a. Set a quit date. Help the patient pick a date within the next 4 weeks, acknowledging that no time is ideal (see page 25).
b. Provide self-help materials. The smoking cessation coordinator or support staff member can review the materials with the patient if desired (see appendix C, or call 1-800-4-CANCER for NCI's *Quit for Good* materials).
c. Consider prescribing nicotine gum, especially for highly addicted patients (those who smoke one pack a day or more or who smoke their first cigarette within 30 minutes of waking). (See pages 27-28.)
d. Consider signing a stop-smoking contract with the patient (see page 26).
e. If the patient is not willing to quit now:
   - Provide motivating literature (see appendix D, or call 1-800-4-CANCER for NCI's *Why Do You Smoke?* pamphlet).
   - Ask again at the next visit.

Arrange Followup Visits.

a. Set a followup visit within 1-2 weeks after the quit date.
b. Have a member of the office staff call or write the patient within 7 days after initial visit, reinforcing the decision to stop and reminding the patient of the quit date (see page 31).
c. At the first followup visit, ask about the patient's smoking status to provide support and help prevent relapse. Relapse is common; if it happens, encourage the patient to try again immediately (see pages 31-32).
d. Set a second followup visit in 1-2 months. For patients who have relapsed, discuss the circumstances of the relapse and other special concerns (see pages 32-33).

Synopsis for Office Staff: How To Develop Office Procedures To Help Patients Stop Smoking

1. Select an office smoking cessation coordinator who will be responsible for seeing that the office smoking cessation program is carried out.

2. Create a smoke-free office:
   a. Select a date for the office to become smoke free.
   b. Advise all staff and patients of this plan.
   c. Post no-smoking signs in all office areas.
   d. Remove ashtrays.
   e. Display nonsmoking materials and cessation information prominently.
   f. Eliminate all tobacco advertising from the waiting room.

3. Identify all patients who smoke.
   a. Ask all patients, "Do you smoke?" or "Are you still smoking?" at each visit.
   b. Prominently place a "Smoker" identifier on the charts of all smoking patients.
   c. Attach a permanent progress card to each patient's chart.

4. Review self-help materials (provided by either the physician or the coordinator) and nicotine gum use (if a prescription has been given) with each smoking patient.

5. Assist the physician in making followup visits.
   a. With each patient who has agreed to a quit date, schedule a followup visit 1-2 weeks after the quit date.
   b. Call or write the patient within 7 days after the initial visit to reinforce the decision to quit.
   c. Schedule a second followup visit approximately 1-2 months after the first followup visit.

Helping Patients Stop

Helping Patients Stop

Appendices

Tear-Out Materials

Step 1: Select An Office Smoking Cessation Coordinator

To be successful, a smoking cessation program must be easy for the physician and staff to adopt as part of their routine office procedures. The five steps of this program are designed to be integrated smoothly into a variety of practices.

The first step is to select one person, the "smoking cessation coordinator," to be responsible for incorporating the other four steps into the day-to-day activities of your practice. The person should be a current member of the staff, because the coordinator's job requires only a little additional time. In most practices, the coordinator is a nurse. Although the coordinator will have primary responsibility, other staff members should be involved in helping the coordinator implement the program.

Responsibilities of the smoking cessation coordinator are to:
Become familiar with this manual and the basic components of the program.
Ensure that Steps 2-5 of the program are implemented.
Maintain, along with the physician, the staff's commitment to the program as an integral part of the practice's day-to-day activities.

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Maintain, along with the physician, the staff's commitment to the program as an integral part of the practice's day-to-day activities.

Step 2: Action Summary

1. Select a date to make the office smoke free.
2. Advise all staff and patients of this plan.
3. Post no-smoking signs in all office areas.
4. Remove ashtrays from all office areas.
5. Prominently display smoking cessation materials and information.
6. Eliminate all tobacco advertising from the waiting room.

Step 2: Create A Smoke-Free Office

Fortunately, most physicians serve as nonsmoking role models for their patients. The physician's office should also convey a nonsmoking message and help set the stage for the advice and counseling to be provided to the patients. The activities in Step 2 can be conducted by the smoking cessation coordinator, with the assistance of other office staff and the encouragement and cooperation of the physician.

Putting Step 2 Into Action

1. Select a date to make the office smoke free.

Establishing an office no-smoking policy for both staff and patients is a necessary step in implementing this program. This action will emphasize your strong commitment to nonsmoking and to the health of your patients, including nonsmokers who are exposed to the smoke of others. At this stage and at every step of this program, it is helpful to maintain an empathetic relationship with patients who smoke, while providing all the assistance you can to help them stop. The date you set should leave adequate time to prepare your staff and patients for the new policy, as discussed below.

2. Advise all staff and patients of this plan.

Once you have set a date for your office to become smoke free, it is important to inform staff and patients of your plans. A period of 4-6 weeks should provide enough time for you to introduce this policy without losing the momentum begun by setting the date. You may want to send patients a note, which can also be handed out during office visits and posted in the office. An example of this kind of note follows.

> **Introduction of a Smoke-Free Policy in This Office**
>
> The Surgeon General of the United States has declared that cigarette smoking is the chief, single, avoidable cause of death in our society and the most important public health issue of our time. Recognizing the health problems associated with cigarette smoking, for both smokers and those around them, this office will become smoke free on _____. After that time, a no-smoking policy for patients and staff will be adopted within this office. We realize that this may be difficult for some of you and encourage you to ask our smoking cessation coordinator, _____, about information and advice we can provide to you about stopping smoking. We will all be healthier for this action, and we thank you for your cooperation.

Larger institutions may need to take additional steps before adopting a smoke-free policy. (For a discussion of these issues, see *Smoking and Hospitals Are A Bad Match*, page 59, and *Clean Air Health Care*, page 60.)

3. Post no-smoking signs in all office areas.

Once you have established a no-smoking policy in the office, it will be important to remind people about it. Many offices have found it helpful to use several different no-smoking signs and change them every 6–9 months in order to keep the smoke-free message fresh.

4. Remove ashtrays from all office areas.

On the day set for your office to become smoke free, remove all ashtrays. This action will emphasize the commitment of the physician and staff to the smoke-free office.

5. Prominently display smoking cessation materials and information.

Although your office may be working with a specific patient self-help manual or program (see Step 4), it is helpful also to make some materials and information available in the office and to keep an adequate supply of them on hand. Organizations from which additional materials can be ordered are listed in appendices C-F.

6. Eliminate all tobacco advertising from the waiting room.

To emphasize the commitment of your office to remain smoke free, eliminate all tobacco advertising from the waiting room. For additional emphasis, some offices have continued to order magazines that carry tobacco advertising but have crossed out the tobacco advertisements with bright markers. Other offices subscribe to magazines with no tobacco advertisements to show support of those publications, and they make that fact known to patients. A list of some magazines that do not carry tobacco advertising is provided below:

Some Popular Magazines That Do Not Carry Tobacco Advertising

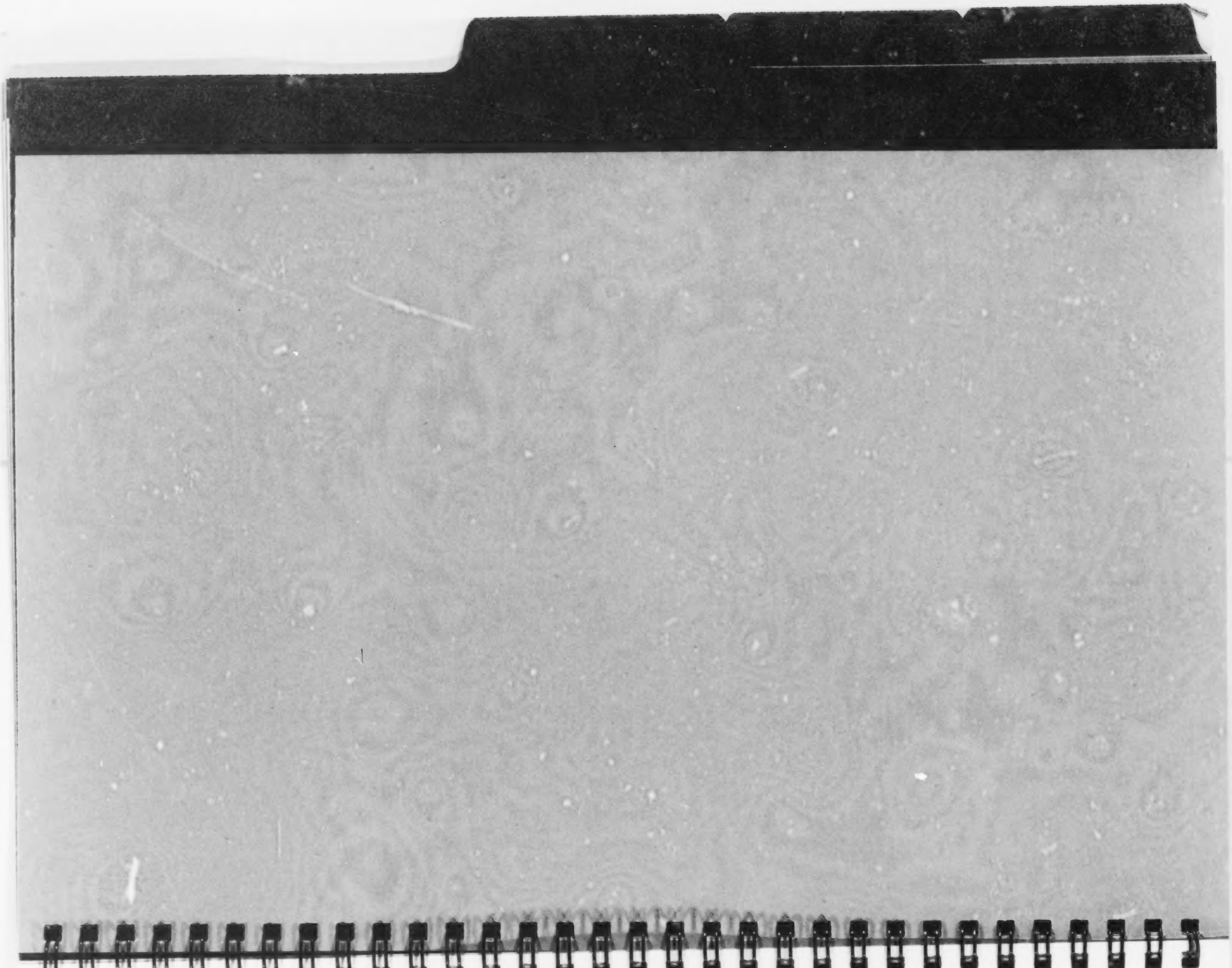
American Heritage
Audubon
Consumer Reports
Good Housekeeping
Modern Maturity
Modern Photography
National Geographic
New Yorker
Parents Magazine
Ranger Rick
Reader's Digest
Runner's World
Saturday Evening Post
Scientific American
Seventeen
Smithsonian
Teen Magazine
Yankee Magazine

Step 3: Action Summary

1. Assess the smoking status of all patients in the practice while measuring vital signs; smokers should complete the brief Patient Smoking Assessment Form (see page 19).

2. Prominently place a "Smoker" identifier on the chart of all smoking patients; consider placing a removable "Did You Counsel About Smoking?" sticker on the charts of smoking patients at each visit to remind the physician to address smoking with these patients.

3. Use a permanent progress card (e.g., the Patient Smoking Assessment Form on page 19) for each smoking patient. Attach the card to the patient's chart for the physician to complete and the smoking cessation coordinator to review at each visit.



Step 3: Identify All Smoking Patients

Identification of smokers should become a routine part of all patient visits.

Putting Step 3 Into Action

1. Assess the smoking status of all patients during measurement of vital signs.

All patients should be asked "Do you smoke?" or "Are you still smoking?" while their vital signs are being measured. To help you assess smoking patients, have all identified smokers complete a brief Patient Smoking Assessment Form (page 19; a tear-out reproducible copy of the form also appears at the back of this guide). This form will aid the physician in determining the most appropriate course of treatment for each patient. The completed form should be attached to the patient's chart for physician review and notes.

Because relapse is common among former smokers, the status of patients who are initially identified as nonsmokers should be updated at least once a year, for example, by saying "Your chart indicates that you don't smoke. Is that still true?" Nonsmokers should be congratulated for their healthy behavior. Patients who have relapsed or begun to smoke should complete a Patient Smoking Assessment Form.

2. Place a "Smoker" identifier (e.g., a sticker or a stamp) on the charts of all smoking patients.

As a reminder to the physician and office staff to discuss the patient's smoking status at each visit, a sticker or other means of identifying smokers should be placed prominently on the charts of all smoking patients. Examples of identifiers that can be produced easily and inexpensively through local printers are shown below.

Two Samples of "Smoker" Identifiers

Wt._____
BP_____
SMOKING Y / N

An alternative is to use colored self-adhesive removable labels or circles, which are available at stationery stores. To remind the physician to address smoking, consider placing a removable sticker on the charts of smoking patients at each visit.

Sample physician reminder

3. Attach a permanent progress card to each smoking patient's chart.

Like smoking cessation itself, a cessation program is a process. It is important to maintain the program's continuity by offering appropriate treatment at *every* visit of a smoking patient. A permanent progress card, attached to the patient's chart, provides an easy way to keep the physician informed of the patient's smoking status. For example, it will show whether a quit date was set and kept and congratulations and reinforcement are appropriate. It will also show whether a patient has relapsed and needs a reminder that relapse is common and encouragement to try again. A permanent progress card also will help the smoking cessation coordinator arrange suitable followup by showing what advice the physician has given.

The Patient Smoking Assessment Form can serve as a permanent progress card, or a form better suited to your practice can be used.

Smoking Assessment Form

Date

Name

1. Do you now smoke cigarettes? ☐ yes ☐ no

2. Does the person closest to you smoke cigarettes? ☐ yes ☐ no

3. How many cigarettes do you smoke a day? _____cigarettes

4. How soon after you wake up do you smoke your first cigarette?

☐ within 30 minutes ☐ more than 30 minutes

5. How interested are you in stopping smoking?

☐ not at all ☐ a little ☐ some ☐ a lot ☐ very

6. If you decided to quit smoking completely during the next 2 weeks, how confident are you that you would succeed?

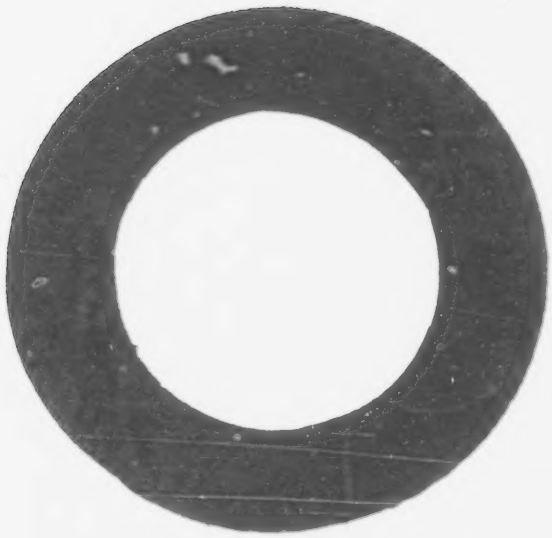
☐ not at all ☐ a little ☐ some ☐ a lot ☐ very

For Physicians Only

Visit Date	Quit Date Established Yes	No	When	Date of Followup Visit	Comments

Step 4: Action Summary

1. **Ask** about smoking at every opportunity.
2. **Advise** all smokers to stop.
3. **Assist** the patient in stopping.
   a. Help set a quit date.
   b. Provide self-help materials.
   c. Consider prescribing nicotine gum, especially for highly addicted patients (those who smoke one pack a day or more or who smoke their first cigarette within 30 minutes of waking). (See pages 27-28.)
   d. Consider signing a stop-smoking contract with the patient (see page 26).
4. **Arrange** followup visits (see Step 5).



Step 4: Develop Patient Smoking Cessation Plans

The success of this type of smoking cessation program depends on the physician's commitment to implementing it. The physician's role is to motivate patients to stop, to increase confidence in their ability to do so, and to develop cessation plans. Smoking patients must believe that quitting is an issue of real concern to their physician.

Putting Step 4 Into Action

1. Ask about smoking at each visit.

It is important for both the physician and the patient to realize that stopping smoking is a process that takes place over time, rather than a single event. The smoker moves through stages from being uninterested in stopping, to making a concerted effort to stop, to finally maintaining abstinence. Many patients will not stop smoking the first, second, or third time they are counseled to do so. In fact, for many people, the likelihood of successful quitting begins to increase only after their fourth attempt to stop smoking. For these reasons, the physician and office staff should make brief smoking cessation advice a routine part of *every* office visit by smoking patients. The information on the completed Patient Smoking Assessment Form (page 19) helps the physician ask questions and make specific suggestions for the patient's smoking cessation plan.

The patient's medical history (or even the reason for the current visit) will provide the opportunity for the physician to ask questions and personalize the risks of smoking to that patient's health. If the smoking patient has not completed the Patient Smoking Assessment Form, the physician should ask the questions listed on the form.

2. Advise all smokers to stop.

If the patient is a smoker, the physician should strongly ADVISE the patient to stop smoking, saying something like this: "As your physician, I must advise you to stop smoking now."

In ADVISING the patient to quit, the physician should personalize the risks of smoking and the benefits of stopping to the patient. Although most smokers are aware of the risks of smoking in general, their perception of *personal* risk is often hazy. Smokers will be more motivated to quit if they have specific information about the effects of smoking on *their* health and lifestyle and how these might improve if they stopped smoking. Therefore, the physician should relate the risks of smoking and benefits of cessation to the patient's clinical condition, smoking history, family history, personal interests, or social roles. The list on the following page provides examples of smoking-related concerns for different patients.

In this discussion, the physician should assess the patient's interest in stopping. For patients who are interested in stopping, this is an opportunity to learn about and reinforce their reasons briefly. Good questions to start with include:

- "How would quitting smoking improve your life?"
- "How does your family feel about your smoking?"

Good Reasons to Stop Smoking

For Teenagers

- Bad breath
- Stained teeth
- Cost
- Lack of independence—controlled by cigarettes
- Sore throats
- Cough
- Dyspnea (might affect sports)
- Frequent respiratory infections

For Pregnant Women

- Increased rate of spontaneous abortion and fetal death
- Increased risk of low birth weight

For Parents

- Increased coughing and respiratory infections among children of smokers
- Poor role model for child

For New Smokers

- Easier to stop now

For Long-Term Smokers

- Decreased risk of heart disease and cancer if you stop

For Family History of Heart Disease, Cancer, Etc.

- Risk of death increased even more by smoking

For Asymptomatic Adults

- Twice the risk of heart disease
- Six times the risk of emphysema
- Ten times the risk of lung cancer
- 5–8 years shorter lifespan
- Cost of cigarettes
- Cost of sick time
- Bad breath
- Less convenient and socially unacceptable
- Wrinkles

For Symptomatic Adults

Correlate current symptoms with

- Upper respiratory infections, cough
- Sore throats
- Dyspnea
- Ulcers
- Angina
- Claudication
- Osteoporosis
- Esophagitis
- Gum disease

For Any Smoker

- Money saved by stopping
- Feel better
- Improved ability to exercise
- May live long enough to enjoy retirement, grandchildren, etc.
- May be able to work more, with less illness

3. Assist the patient in stopping.

After ADVISING the patient to stop smoking and assessing the patient's interest in stopping, the physician should:

a. **Help set a quit date.** Explain to the patient that the best way to stop is to choose a "quit date"—the date when the patient stops smoking. The quit date should be soon, although usually not immediately, in order to give the patient time to prepare to stop. The physician may acknowledge that no time is ideal but that it is better to stop sooner than later. Advise against stopping at high-stress times; suggest instead a significant date (e.g., the patient's or a spouse's birthday or the first day of the month).

b. **Provide self-help materials to the patient,** using either the *Quit for Good* material from NCI (call 1-800-4-CANCER for free copies) or other material available from the sources suggested in appendix C. In either case, it is important for the patient to realize that the physician wants this material to be used. The smoking cessation coordinator and the physician should review the self-help material to be prepared to answer patient questions about it.

c. **Consider prescribing nicotine gum,** especially for highly addicted patients (those who smoke one pack a day or more or who smoke their first cigarette within 30 minutes of waking). In clinical trials, this gum has generally proven to be helpful with the more addicted smoker when combined with advice and information from a physician or other health professional. Information on use of the gum begins on page 27; a reproducible handout for patients appears in tear-out form at the back of this guide.

d. **Consider signing a contract with the patient,** acknowledging the patient's decision to stop smoking and noting the quit date. This contract can serve as an ongoing reminder to the patient and physician of the goal and the need to follow up and assess the patient's progress in meeting that goal. An example of this type of contract appears below and tear-out versions also appear at the

back of the guide. At this point, a progress card should be completed (the bottom of the Patient Smoking Assessment Form may be used), and the patient should be instructed to **arrange** a followup visit (see Step 5).

Sample Smoking Contract

QUIT FOR GOOD RX

I agree to stop smoking on _____ .
Date

I understand that stopping smoking is the single best thing I can do for my health and that my health professional has strongly encouraged me to quit.

_____ _____
Patient's Signature **Professional's Signature**

_____
Today's Date

For Patients Who Are Not Interested in Stopping Smoking . . .

- Provide literature that may help motivate the patient to stop. (NCI's pamphlet *Why Do You Smoke?* is available free by calling 1-800-4-CANCER; for a list of other organizations from which materials can be ordered, see appendix E.)

- **Ask** again at subsequent patient visits.

Nicotine Gum Information And Suggested Protocol For The Physician And Smoking Cessation Coordinator

General Information and Proper Use

Nicotine gum is a "transmucosal sustained release medication." It is designed to provide a substitute source of nicotine, free from the other harmful elements of cigarette smoke, to relieve the nicotine withdrawal symptoms that frequently occur when a smoker stops smoking.

However, there are some very important points that doctors and patients must know if nicotine gum is to be effective:

1. The patient should stop smoking first and then start using the nicotine gum.
2. Nicotine is released from the resin complex when it comes in contact with saliva.
3. This released nicotine must be absorbed through the lining of the mouth (the oral mucosa) to be effective.
4. Nicotine that is swallowed with saliva or washed down with liquids will not be effective and may cause side effects such as heartburn or stomach irritation.

Each piece of nicotine gum should be chewed slowly and intermittently for about 30 minutes. Chewing quickly can release the nicotine too rapidly and reduce the effect of the gum. The patient should chew each piece of the gum enough to soften the medication or until the taste or "tingling" from the nicotine is felt. Then it should be put in contact with the oral mucosa so the nicotine can be absorbed. In effect, it becomes a transmucosal nicotine "patch" held in contact with the lining of the mouth. The gum should be rechewed gently every few minutes to release more nicotine.

The smoking cessation coordinator or the physician should instruct patients in the use of the gum before they leave the office. Patients should be reminded not to begin using the gum until *after* they have stopped smoking completely (i.e., on the quit date). All patients should know that the gum has been demonstrated to be effective only when used in conjunction with a stop-smoking program, under the care of a physician or other health professional.

Dosage

Within the confines listed above, patients should use one piece of the gum whenever they have the urge to smoke. Many patients use 10-12 pieces per day, but patients should be instructed not to exceed 30 pieces of gum per day. For patients who may have diffficulty with an ad libitum approach, a fixed dosage schedule (e.g., one piece every 60-90 minutes) may be more appropriate.

At least two packages of the gum (192 pieces) should be prescribed at the initial

visit. A common problem is that patients often use the gum too sparingly in the first few days after quitting and relapse because of a lack of nicotine.

The need for refills should be assessed at followup visits. The dose of nicotine gum should be tapered after about 3 months. Use of the gum for more than 6 months is not recommended.

Potential Side Effects

Potential side effects of nicotine gum use are sore jaw, mouth irritation, heartburn, nausea, sore throat, and palpitations.

Contraindications

Nicotine gum is contraindicated for patients who:

- Are pregnant or nursing.
- Are unable to chew.
- Have had a recent myocardial infarction, severe or worsening angina, or life-threatening arrhythmias.

For additional information, see the package insert.

Step 5: Action Summary

1. Arrange a followup visit within 1–2 weeks after the patient's quit date.
2. Within 7 days of the first visit, call or send a letter to the patient reinforcing the decision to stop and providing a reminder of the quit date.
3. At the first followup visit, ask about the patient's smoking status and discuss progress and problems.
4. Arrange a second followup visit in 1–2 months.

Step 5: Provide Followup Support

Followup activities are valuable for both the patient, the physician, and office staff. When patients know their progress will be reviewed and the physician and staff care enough to help, their chances of quitting successfully are improved. For the physician and office staff, followup also may be the only way to track each patient's success.

Putting Step 5 Into Action

1. Arrange a followup visit within 1-2 weeks after the patient's quit date.

Continued support and encouragement to stop smoking are crucial for all patients who smoke. Recent clinical trials strongly suggest that a visit with the physician or a designated staff member soon after a patient has stopped smoking is extremely important to the patient's ability to remain a nonsmoker. For this reason, a followup visit focusing on the patient's smoking status should be scheduled approximately 1-2 weeks after the patient's quit date.

Merely scheduling the followup visit may help the patient stop smoking by providing a short-term goal, 2 weeks, that appears more manageable than "forever." The 2 weeks between the quit date and the followup visit, when physical withdrawal occurs and the smoking habit is being broken, also is the most difficult period for the new nonsmoker. A patient who comes to the office after being a nonsmoker for 1-2 weeks has a much improved chance of remaining a nonsmoker.

2. Within 7 days of the first visit, the smoking cessation coordinator should call or send a letter to the patient reinforcing the decision to stop and providing a reminder of the quit date.

Continued contact with the patient enhances the effectiveness of the physician's advice to stop smoking. An important part of this smoking cessation plan is a followup telephone call or letter within 7 days of the first visit related to smoking. This phone call or letter, which can be made by the coordinator or a designated staff member, can be brief and should have a positive tone. A sample letter is on page 54.

3. At the first followup visit, ask about the patient's smoking status.

- Did you stop smoking on your quit date?
- Have you remained a nonsmoker since then?
- What problems have you had so far and what problems do you think you might face in the future in remaining a nonsmoker?

For Patients Who Have Quit

For successful nonsmokers, offer congratulations and reinforcement, discuss progress, and arrange a second followup visit during the next 1-2 months.

Remind them that their lungs are already beginning to heal and that every day without a cigarette helps make nonsmoking a new habit. If nicotine gum was prescribed, ask about any problems with it and the need for a refill.

For Patients Who Have Relapsed

For smokers who have not stopped, discuss the process of relapse, ask about the circumstances of the relapse, and set a new quit date if appropriate. To find out about the relapse, ask:

- Where did it happen?
- What were you doing at the time?
- Where did the first cigarette come from?
- Did you use nicotine gum or other coping strategies or self-help materials?
- Will you set another quit date?

Try to identify the trigger. Discuss ways the patient might have tried to prevent that particular relapse as preparation for another attempt to stop smoking. Some patients consider relapse a personal failure and are discouraged about trying again. Explain that many former smokers tried to stop several times before they succeeded and that relapse is a normal part of the process of stopping smoking. Remind the patient that your office will provide support in this very important effort.

4. Arrange a second followup visit in 1–2 months.

The second followup visit should resemble the first. For patients who have stopped smoking, provide reinforcement, discuss their progress, and anticipate problems and solutions, including those related to tapering of nicotine gum use, if prescribed. For patients who have relapsed, discuss the circumstances of the relapse. Appendix A is helpful in providing information during this followup visit.

Special Concerns of People Who Stop Smoking

Smokers have many concerns related to stopping. Some of these may be mentioned when a smoking cessation plan is presented; others may not arise until followup visits. Three of the more common concerns are weight gain, smoking family members, and reimbursement.

Weight Gain

Weight gain is a concern to many patients who stop smoking, both men and women. Remind patients that not all smokers who quit gain weight and that the average gain for those who do is only 5-10 pounds. To equal their risks from smoking, patients would have to gain 100 pounds. Urge patients who are concerned about weight gain not to diet until after they feel confident of being nonsmokers; stopping smoking is enough to tackle at one time. You can also recommend exercise consistent with the patient's current level of physical conditioning. There is some evidence that patients who use nicotine gum gain less weight after cessation than those who do not.

Smoking Family Members

If the person closest to the patient is also a smoker, it may be more difficult to stop. Explain that it will help if a "smoke-free" area of the home is established, if family members do not smoke in the presence of the patient, and if other smokers in the family also stop. It may be helpful for the patient to seek support of co-workers and others as well.

Reimbursement

Many patients and physicians are understandably concerned about the cost of followup visits for smoking cessation. In many cases, smokers have smoking-related diagnoses (e.g., bronchitis) that permit the visit to be reimbursed by third-party payers. Even if the followup visit is not covered, the patient should know that followup visits cost much less than most smoking treatment programs.

Sample Followup Letter

(Date)

(Address)

Dear (Name of Patient)

I am very happy that you have decided to stop smoking. This is the single most important step you can take to ensure and improve your health. I know that breaking the habit may not be easy, but I am confident that you can and will stop.

I would like you to follow through with your decision to stop on (date) and to follow the plan that we established during your office visit. Please also take advantage of the self-help materials that we gave you. They are loaded with tips and strategies to help you get over the initial hurdles you may face in the early stages of stopping, such as craving for a cigarette, irritability, headaches, and other withdrawal symptoms that we discussed. Some people will experience few withdrawal symptoms, but if you do, remember that they are only short term and should gradually disappear after 2 or 3 weeks. It is helpful to remember that withdrawal symptoms are healthy signs that your body is repairing itself from its exposure to nicotine and that this healing process begins within 24 hours of stopping.

If you have any questions about stopping smoking or if you encounter any problems, please do not hesitate to call my office for help. I will see you at our next appointment on (date). At that time, we can discuss your progress.

Sincerely,

Appendices

Common Questions and Concerns

Won't I gain weight if I stop smoking?

I don't have the willpower to stop smoking.

I smoke only low-tar/low-nicotine cigarettes, so I don't need to stop.

Is it better to stop "cold turkey" or over a long period of time?

What about insomnia?

Why do I cough more now that I've stopped?

Now that I've stopped, can I smoke a cigarette occasionally?

Will my body recover from the effects of smoking?

I'd like to stop in a group setting. Where can I find a cessation program?

Should I tell other people I'm trying to stop?

What should I do when I get an urge to smoke?

When I don't smoke, I feel restless, and I can't concentrate.

What other withdrawal symptoms will I have?

I'd like to use the nicotine gum you recommend, but I'm afraid I'll become addicted to it.

Responses To Patients' Common Questions And Concerns

1. Won't I gain weight if I stop smoking?

- Not every person who stops smoking gains weight.
- Average weight gains are small for people who do gain (5-10 lbs).
- Don't diet now—there will be time after you are an established nonsmoker.
- Exercise is an effective technique to cope with withdrawal and to avoid weight gain.
- Avoid high-calorie snacks. Vegetables (such as carrot sticks) and fruits are good snacks.
- The risks to health from smoking are far greater than the risks to health from a small weight gain.
- A small increase in weight may not hurt your appearance. Smoking is unattractive, causing yellow teeth, bad breath, stale clothing odors, and, possibly, wrinkled skin.

2. I don't have the willpower to stop smoking.

- More than 3 million Americans stop smoking every year.
- Not everyone succeeds the first time, but many people are successful after several attempts.
- There are a variety of tips to help you in the written materials I will give you.
- I will give you all the support I can.

3. I smoke only low-tar/low-nicotine cigarettes, so I don't need to stop.

- There is no such thing as a safe cigarette.
- Many smokers inhale more often or more deeply to compensate for low nicotine levels in these cigarettes.

4. Is it better to stop "cold turkey" or over a long period of time?

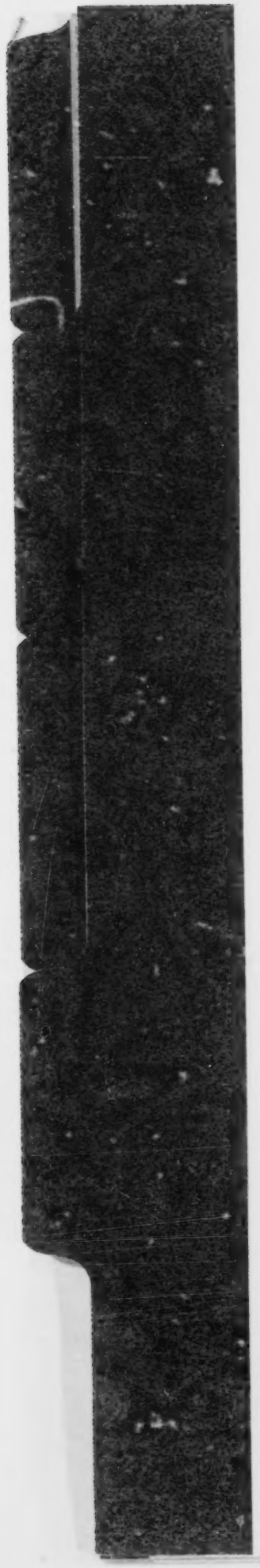
- There is no "best way."
- Most successful former smokers quit "cold turkey."

5. What about insomnia?

Many smokers report having problems sleeping after they stop smoking. If these symptoms are related to nicotine dependence, they should disappear within 2-3 weeks.

6. Why do I cough more now that I've stopped?

About 20 percent of former smokers report an increase in coughing after they stop smoking. This is a temporary response thought to be caused by an increase in the lung's ability to remove phlegm, so it actually represents recovery of the lung's defense mechanisms.



7. Now that I've stopped, can I smoke a cigarette occasionally?

No. Nicotine addiction seems to be retriggered quickly in most former smokers. Don't risk getting hooked again.

8. Will my body recover from the effects of smoking?

- Some of the damage may be permanent, such as loss of lung tissue in emphysema.
- Other functions are recovered, such as the lung's ability to remove phlegm.
- The increased risk of heart disease due to smoking disappears in less than 10 years after stopping.
- The increased risk of lung cancer disappears within 15 years.

9. I'd like to stop in a group setting. Where can I find a cessation program?

- Call the American Cancer Society, the American Lung Association, or local hospitals.
- Most people stop without the help of a formal group. Call the National Cancer Institute's Cancer Information Service toll free at 1-800-4-CANCER for suggestions about stop-smoking programs in your area. Trained counselors are also available at this number to answer questions about stopping and to provide written materials.

10. Should I tell other people I'm trying to stop?

Yes. Patients should enlist the support of family, friends, and co-workers.

11. What should I do when I get an urge to smoke?

Some people relieve cravings by chewing gum, sucking on a cinnamon stick, or eating a carrot stick.

- Cravings for cigarettes are a normal part of withdrawal.
- Most cravings last for only a few minutes and then subside.
- Cravings become rare after a few weeks.
- Use nicotine gum, if prescribed.

12. When I don't smoke, I feel restless, and I can't concentrate.

- These are normal symptoms of nicotine withdrawal.
- These symptoms are most acute in the first 3 days after stopping.
- These symptoms will disappear after a few weeks.

13. What other withdrawal symptoms will I have?

- Some smokers have few or no withdrawal symptoms.
- Other common symptoms include anxiety, irritability, mild headache, and gastrointestinal symptoms such as constipation.
- Few smokers experience all these symptoms.
- Like other symptoms, they are only temporary.

14. I'd like to use the nicotine gum you recommend, but I'm afraid I'll become addicted to it.

- A small percentage of people do use nicotine gum for longer than the recommended 3–6 months.
- Most people are able to reduce the amount of nicotine gum they use gradually, without discomfort, until they stop completely.
- Nicotine gum does not damage the lungs, and nicotine itself is not known to cause cancer, so it is much less harmful than cigarettes.

Smoking Cessation Tips

1. Tips for preparing to stop
2. Tips for just before stopping
3. Tips for the day you stop
4. Tips to help you cope with the urge to smoke
5. Tips for coping with relapse

Smoking Cessation Tips

These and other quit tips are contained in the NCI pamphlet, *Clearing the Air* (appendix C). Free copies for use as patient handouts can be ordered by writing to NCI or calling the Cancer Information Service at 1-800-4-CANCER. Forms are also included in the tear-out section of this guide for ordering NCI's *Quit For Good Kit*. Each kit contains 50 copies of *Clearing the Air* plus additional materials for the physician and waiting room.

1. Tips for preparing to stop

- Decide positively that you want to stop. Try to avoid negative thoughts about how difficult it might be.
- List all the reasons you want to stop. Every night before going to bed, repeat one of the reasons 10 times.
- Develop strong personal reasons in addition to your health and obligations to others. For example, think of all the time you waste taking cigarette breaks, rushing out to buy a pack, hunting for a light, etc.
- Begin to condition yourself physically. Start a modest exercise program; drink more fluids; get plenty of rest; and avoid fatigue.

Know what to expect:

- Have realistic expectations — stopping isn't easy, but it's not impossible either. More than 5 million Americans stop smoking every year.
- Understand that withdrawal symptoms are *temporary* and are healthy signs that the body is repairing itself from its long exposure to nicotine. Within 24 hours of abrupt smoking cessation, withdrawal symptoms may appear as the body begins its healing process.
- Know that most relapses occur in the first week or two after stopping, when withdrawal symptoms are strongest and your body is still dependent on nicotine. Be aware that this will be your hardest time, and use all your personal resources — willpower, family, friends, and any tips that work for you — to get you through this critical period successfully.

Involve someone else:

- Bet a friend you can stop on your target date. Put your cigarette money aside every day, and forfeit it if you smoke. (But if you do, *don't give up*; simply strengthen your resolve and try again.)
- Ask your spouse or a friend to stop with you.
- Tell your family and friends that you're stopping and when. They can be an important source of support both before and after you stop.

2. Tips for just before stopping

- Practice going without cigarettes.
- Don't think of *never* smoking again. Think of stopping in terms of 1 day at a time.
- Stop carrying cigarettes with you at home and at work. Make them difficult to get to.
- Don't empty your ashtrays. This will remind you of how many cigarettes you've smoked each day, and the sight and smell of stale butts will be very unpleasant.
- Collect all your cigarette butts in one large glass container as a visual reminder of the mess smoking represents.

3. Tips for the day you stop

- Throw away all your cigarettes and matches. Hide your lighters and ashtrays.
- Clean your clothes to rid them of the cigarette smell, which can linger a long time.
- Develop a clean, fresh, nonsmoking environment around yourself—at work and at home. Buy yourself flowers—you may be surprised how much you can enjoy their scent now.
- Visit the dentist and have your teeth cleaned to get rid of tobacco stains. Notice how nice they look, and resolve to keep them that way.
- Make a list of things you'd like to buy for yourself or someone else. Estimate the cost in terms of packs of cigarettes and put the money aside to buy these presents.
- Keep very busy on the big day. Go to the movies, exercise, take long walks, or go bike riding.
- Buy yourself a treat or do something special to celebrate.
- Stay away from other smokers if they could weaken your resolve (this need only be a temporary measure).
- Remember that one cigarette could ruin a successful attempt.
- Remember that alcohol will weaken willpower.
- Refuse to allow anything to change your mind.

4. Tips to help you cope with the urge to smoke

a. First, remind yourself that you've *stopped* and you're a *non*smoker. Then, look closely at your urge to smoke and ask yourself:

- Where was I when I got the urge?
- What was I doing at the time?
- Who was I with?
- What was I thinking?

b. Think about why you've stopped:

- Repeat to yourself (aloud if you are alone) your three main reasons for stopping.
- Write down your three main reasons for stopping, then three reasons for smoking.

c. Anticipate triggers and prepare to avoid them:

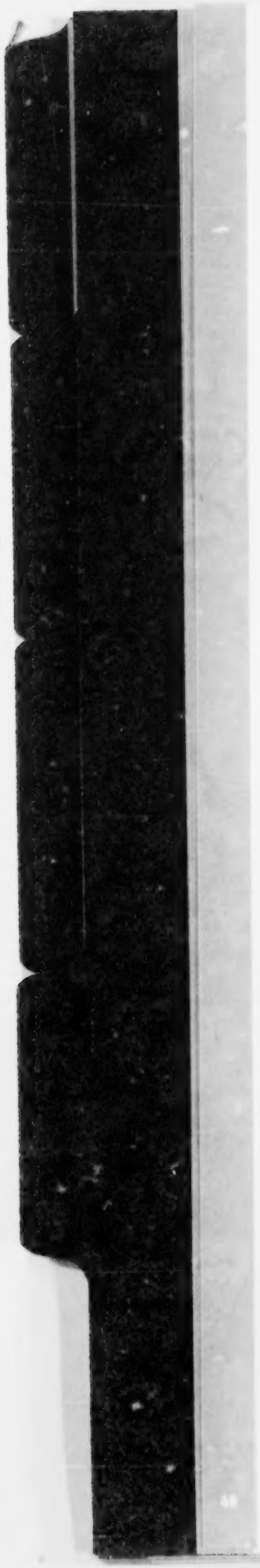
- Keep your hands busy — doodle, knit, type a letter.
- Avoid people who smoke; spend more time with nonsmoking friends.
- Find activities that make smoking difficult (gardening, exercise, washing the car, taking a shower).
- Put something other than a cigarette in your mouth. Keep oral substitutes handy — try carrots, sunflower seeds, apples, celery, raisins, or sugarless gum instead of a cigarette. Cut a drinking straw into cigarette-sized pieces and inhale air. Use a mouthwash.
- Change your surroundings when an urge hits; get up and move about, or do something else.
- Avoid places where smoking is permitted. Sit in the nonsmoking section in restaurants, trains, and planes.
- Look at your watch whenever an urge to smoke hits you. You'll find the urge will only last a few minutes.
- Wear a rubber band around your wrist. When you really feel like you want a cigarette, snap the rubber band a few times and in your mind say *STOP!* While you do this, picture in your mind a red stop sign. You might try this at home aloud a few times and then do it silently when in public.
- Be prepared for "first times" as a nonsmoker: your first vacation, first time home alone, first long car ride, first period of boredom. If you know you will be in a *high-risk* situation, plan how you will get through it without smoking.

d. Change your daily routine in order to break your habits and patterns:

- After meals, get up from the table; brush your teeth or take a walk.
- Change the order in which you do things, particularly your morning routine.
- Don't sit in your favorite chair.
- Eat your lunch in a different location.

e. Use positive thoughts:

- If self-defeating thoughts start to creep in, remind yourself again that you're a nonsmoker, that you don't want to smoke, and that you have good reasons for it.
- Keep a daydream ready to go. For example, start planning a perfect vacation; work on that plan when thoughts about cigarettes start to give you trouble.
- Look around at all the people who don't smoke, including children. Remind yourself that they feel normal and healthy without cigarettes.



1. Use relaxation techniques:
   - Breathe in deeply and slowly, while you count to five; breathe out slowly, counting to five again.
   - Take 10 deep breaths and hold the last one while lighting a match. Exhale slowly and blow out the match. Pretend it's a cigarette, and crush it out in an ashtray.
   - If you can't concentrate, don't worry. You'll be able to when you *need* to, when the adrenaline flows.

5. Tips for coping with relapse

- Stop smoking immediately.
- Get rid of any cigarettes you may have.
- Write down *three reasons* why you *might* to become a regular smoker again.
- Recognize that you've had a slip. A slip means you've had a *small* setback and smoked a cigarette or two. But your first cigarette or two didn't make you a smoker to start with, and a small setback doesn't make you a smoker again.
- Don't be too hard on yourself. One slip doesn't mean you're a failure or that you can't be a nonsmoker, but it's important to get yourself back on the nonsmoking track *immediately*.
- Realize that most successful former smokers stop for good only after more than one attempt.
- Identify the trigger. Exactly what was it that prompted you to smoke? Be aware of the trigger and decide *now* how you'll cope with it when it comes up again.
- Sign a contract with yourself to remain a nonsmoker.

Self-Help Smoking Cessation Materials

American Cancer Society
How To Stay Quit Over the Holidays
Smart Move

American Heart Association
Calling It Quits

American Lung Association
Freedom From Smoking® for You and Your Family
Freedom From Smoking® for You and Your Baby (kit)
A Lifetime of Freedom From Smoking®: Maintenance Program for Ex-Smokers
Stop Smoking, Stay Trim
A Healthy Beginning: The Smoke-Free Family Guide for New Parents (kit)

Group Health Cooperative of Puget Sound
Free and Clear

Health Promotion Resource Center
Quit Smoking Kit

Minnesota Heart Health Program
Quit and Win

National Cancer Institute
Clearing the Air—How To Quit Smoking and Quit for Keeps
Guia Para Dejar de Fumar

University of California
Quit For Life

North Carolina Mutual Life Insurance Company
Quit For Life (kit)

American Cancer Society

340 Peachtree Road, N.E.
Atlanta, GA 30026
404-320-3333

How To Stay Quit Over the Holidays

This self-help pamphlet gives hints on how to "stay quit" after the Great American Smokeout and through the holiday season. It briefly gives ideas on using exercise and diet plans to help curb the urge to begin smoking again. 1985, free, 14 pp. No quantity limit. Order from local ACS offices.

Smart Move

This booklet presents a variety of tips for quitting plus "how I did it" testimonials from former smokers. 1988, free, 21 pp. No quantity limit. Order from local ACS offices.

American Heart Association

7320 Greenville Avenue
Dallas, TX 75231
214-822-9380

Calling It Quits

This folder contains two pamphlets with tips on how to stop smoking and remain a nonsmoker. *How To Quit* includes points to think about such as reasons for quitting, setting a target date, and conditioning oneself physically and emotionally not to smoke cigarettes. *The Good Life* discusses the temptation to begin smoking again and provides examples of situations that will be difficult and ways to cope with them. 1984, single copies free (bulk orders available in orders of 25 folders at $16.20 per 25). Two pamphlets (15 and 23 pp.). No quantity limit. Order from local AHA chapters.

American Lung Association

1740 Broadway
New York, NY 10019
212-315-8700

Freedom From Smoking® for You and Your Family

This self-help booklet gives suggestions on preparing to stop smoking, picking a day to stop, stopping for good, and benefits of stopping. It includes a quitting calendar and exercise and diet tips to be used during the attempt to stop smoking. Daily tally sheets and charts are included to help track smoking cessation. This booklet is a simplified, condensed version of *Freedom From Smoking in 20 Days*. 1987, 50 pp. No quantity limit. Consult local ALA chapters for price and ordering information.

Freedom From Smoking® for You and Your Baby (kit)

This is a 10-day stop-smoking program specifically designed for pregnant women. It assists in analyzing what determines smoking patterns, reasons for wanting to quit, ways to break the smoking pattern, and methods to reinforce the new habit of not smoking. 1987, 32 pp. No quantity limit. Consult local ALA chapters for price and ordering information.

A Lifetime of Freedom From Smoking™: Maintenance Program for Ex-Smokers

This maintenance manual was designed to help former smokers maintain their nonsmoking behavior. A daily routine is included, with examples of situations that produce strong cravings for a cigarette and how to develop ways to cope with them. The plan emphasizes staying off cigarettes permanently. 1986, 27 pp. No quantity limit. Consult local ALA chapters for price and ordering information.

Stop Smoking, Stay Trim

This pamphlet addresses the problem of weight gain after stopping smoking. It discusses how stopping smoking affects metabolism, weight, and food cravings. It gives 10 tips on how to control weight after stopping smoking. 1985, 10 pp. No quantity limit. Consult local ALA chapters for price and ordering information.

A Healthy Beginning: The Smoke-Free Family Guide for New Parents (kit)

This packet of information explains how to create smoke-free environments for babies and children. It includes a brochure, tent card, worksheet, and discount coupon for ordering an "I'm A Born Nonsmoker" bib. 1989. Consult local ALA chapters for price and ordering information.

Group Health Cooperative of Puget Sound

521 Wall Street
Seattle, WA 98121
1-800-437-6668

Free and Clear

This is a guide to help smokers stop smoking on their own. It uses the theme of planning and going on a trip as an analogy to quitting smoking. The guide includes charts to be filled out during the four phases of becoming a nonsmoker: making the decision, preparing to stop, stopping, and remaining a nonsmoker. The kit contains a guide to stopping smoking, two copies of the *Helping a Smoker Quit* booklet, a button, four cigarette tally cards, a relaxation reminder, stickers, a "Thank You For Not Smoking" table tent, a "Cigarette Savings" book, and a wallet-sized "Free and Clear" Nonsmoking Passport. All participants are free to use the toll-free "Free and Clear" telephone counseling Quitline for 1 year after beginning the program.

Free and Clear may be used for implementation of workplace programs and for presentation to a group of people wishing to stop smoking. Support manuals are available for these purposes, ranging from $50 to $150. 1987. $30 (2–24 copies, $25 each; volume discounts available). 36 pp. No quantity limit.

Health Promotion Resource Center

Stanford Center for Research in Disease Prevention
1000 Welch Road
Palo Alto, CA 94304-1885
415-723-1000

Quit Smoking Kit

This self-paced kit includes a how-to-use guide and *Get Ready To Quit, Tomorrow's the Day, You've Quit,* and *Staying Free* sections. A heart magnet is included to use in posting tips on staying free from cigarette smoking. 1986, $2.95, 9 pp. Quantity discounts for orders of 1,000 or more. Orders for 1,000 or more may take several weeks to fill.

Minnesota Heart Health Program

Stadium Gate 20
611 Beacon Street
University of Minnesota
Minneapolis, MN 55455
612-624-1818

Quit and Win

One of these two booklets helps the smoker quit; the other aids in "winning the war" against starting to smoke again. *The Quit Book* contains the Problems Test, which highlights problems that are likely to occur when one initially stops smoking. *The Win Book* discusses smoking urges and temptations, tension and restlessness, withdrawal problems, weight gain, and relapse. Suggestions are made on how to deal with each of these common problems encountered by former smokers. 1982, $12.75 (quantity discounts for orders of 15 or more), 90 pp. No quantity limit.

National Cancer Institute

Office of Cancer Communications
Building 31, Room 10A24
Bethesda, MD 20892
1-800-4-CANCER

Clearing the Air — How To Quit Smoking and Quit for Keeps

This is a guide to help the individual think about why he or she smokes, the benefits of stopping, preparing to stop, knowing what to expect, and handling relapse. Fifty copies are included as patient handouts in the *Quit For Good* kit for professionals (see appendix E). 1988, 24 pp. Limit of 200 ordered at one time.

Guia Para Dejar de Fumar

This full-color Spanish-language booklet addresses smoking cessation and relapse. 1988, free, 36 pp. Limit of 200 ordered at one time.

University of California

Division of General Internal Medicine
400 Parnassus Avenue, Room A-405
San Francisco, CA 94143-0320
408-476-2151

Quit For Life

This is a three-step smoking cessation guide that outlines reasons for stopping, preparation for stopping, and an explanation of withdrawal symptoms and common complaints. It includes a smoking monitor and a daily smoking inventory chart to record the number of cigarettes smoked, time, need, place of activity, with whom, and mood or reason for smoking. 1985. $1. 16 pp. No quantity limit.

North Carolina Mutual Life Insurance Company

411 West Chapel Hill Street
Durham, NC 27701
919-682-9201, ext. 316

Quit for Life (kit)

This kit is specifically aimed at helping black Americans stop smoking. It gives suggestions on getting ready to stop, steps to take before stopping, and tips on staying smoke free and maintaining weight control after stopping smoking. 1987. Price not yet available. Quantity dependent on availability.

Motivational Materials For Smoking Cessation

American Cancer Society

The Fifty Most Often Asked Questions About Smoking and Health and the Answers
How Can We Reach You?
I'm in Charge Now... What's My Secret?
Why Start a Life Under a Cloud?

American Heart Association

A Million People Have Quite Smoking, You Can Too

National Cancer Institute

Why Do You Smoke?

American Cancer Society

3340 Peachtree Road, N.E.
Atlanta, GA 30026
404-320-3333

The Fifty Most Often Asked Questions About Smoking and Health and the Answers

This booklet gives brief explanations about harmful effects of cigarette smoking and other related common questions on lung cancer, addictive properties of cigarettes, and chewing tobacco. There are a total of 50 questions with brief answers. 1982, free from local ACS offices.

How Can We Reach You?

This pamphlet highlights the major health risks of smoking cigarettes for women. It outlines six steps to take instead of reaching for a cigarette. 1981, free from local ACS offices, 4 pp. No quantity limit.

I'm in Charge Now...What's My Secret?

This pamphlet is designed for young women who want to take charge of their lives and end their smoking habit. It lists six true or false statements that summarize common beliefs about smoking cigarettes. 1986, free from local ACS offices, 4 pp. No quantity limit.

Why Start a Life Under a Cloud?

This pamphlet gives three reasons why pregnant women should stop smoking. Data are accompanied by a graph depicting lower birth weight babies among smoking women and the higher incidence of perinatal mortality if the mother smokes during pregnancy. 1985, free from local ACS offices, 4 pp. No quantity limit.

American Dental Association

Bureau of Health Education and Audiovisual Services
211 East Chicago Avenue
Chicago, IL 60611
312-440-2500

38 Million People Have Quit Smoking. You Can Too

This pamphlet lists health risks of smoking, particularly to the teeth and gums. It briefly discusses reasons people smoke and tips on how to stop. 1985. $4.75 for 25 copies for ADA members; $5.94 for 25 copies for nonmembers; 6 pp. No quantity limit; order in quantities of 25. Specify order number W-108.

National Cancer Institute

Office of Cancer Communications
Building 31, Room 10A24
Bethesda, MD 20892
1-800-4-CANCER

Why Do You Smoke?

This pamphlet includes a short questionnaire that addresses questions on cigarette stimulation, handling, accentuation of pleasure, reduction of negative feelings, and psychological addiction and habit. A self-scoring method is included for self-evaluation to determine reasons for smoking and suggestions on how to stop smoking. 1985. free. 15 pp. Limit of 200 ordered at one time.

Materials For Physicians And Office Staff

American Academy Of Family Physicians
AFP Stop Smoking Kit
Family Physician's Guide to Smoking Cessation

American Cancer Society
Tobacco Education Series: A Kit for the Busy Practitioner

American Hospital Association
Smoking and Hospitals Are a Bad Match

American Lung Association
A Helping Hand Counseling Kit

Center for Corporate Public Involvement
Nonsmoking in the Workplace: A Guide for Employers

Minnesota Coalition For A Smoke Free Society 2000
Clean Air for Health Care — A Guide To Establish Smoke Free Health Care Facilities

National Cancer Institute
Quit For Good Kit

National Heart, Lung, and Blood Institute
Clinical Opportunities for Smoking Intervention — A Guide for the Busy Physician

National High Blood Pressure Education Program
The Physician's Guide — How To Help Your Hypertensive Patient Stop Smoking

U.S. Office On Smoking And Health
A Physician's Talk About Smoking

American Academy Of Family Physicians

Health Education Department
8880 Ward Parkway
Kansas City, MO 64114-3246
1-800-274-2237

AAFP Stop Smoking Kit

This kit provides all instructions and materials necessary for the establishment of an office-based smoking cessation program for patients of family practice physicians. Included are a physician's handbook, patient self-help materials (including audiotapes), sample charts and chart reminders, and motivational information for patients not yet ready to stop. 1987. $50 for AAFP members, $80 for nonmembers. No quantity limit.

Family Physician's Guide to Smoking Cessation

This two-part videotape provides instruction on how to establish a smoking cessation program within a practice, techniques and strategies to motivate patients to stop smoking, and how to deal with problems of long-term management. Counseling skills and information on the addictive properties of nicotine are included. 1987. $49.

American Cancer Society

3340 Peachtree Road, N.E.
Atlanta, GA 30026
404-320-3333

Tobacco-Free Young America: A Kit for the Busy Practitioner

This professional education packet provides materials to assist the smoking cessation efforts of physicians and their staffs. It contains the NCI/ACS booklet, *Quit for Good: A Practitioner's Stop-Smoking Guide*; the brochure, *Tobacco Free Young America: Questions and Answers*; an ACS resource list; sample copies of the booklets *Smart Move* and *The Fifty Most Often Asked Questions About Smoking*; the professional brochure *Smokeless Tobacco: A Medical Perspective*; patient chart stickers; a physician-patient nonsmoking contract; and legislator's cards for use by the physician. ACS also offers a slide-tape program on smoking for health professionals. 1989. Materials available separately and/or as a kit from local ACS offices.

American Hospital Association

Order Services
840 N. Lake Shore Drive
Chicago, IL 60611
312-280-6000

Smoking and Hospitals Are a Bad Match

This kit suggests a sample strategy for developing a smoke-free or severely restrictive policy. It also includes reproducible art for hospital communications, fact sheets, and resource lists. 1988. $18 for AHA members, $35 for nonmembers (discounts for more than 10 copies). No quantity limit.

American Lung Association

1740 Broadway
New York, NY 10019
212-315-8700

A Healthy Beginning Counseling Kit

This kit for pediatricians and family physicians includes a guidebook on counseling patients about the effects of passive smoking on children, a waiting room poster and tent card, and a sample parent's packet. 1989. Consult local ALA chapters for price and ordering information.

Center For Corporate Public Involvement

1001 Pennsylvania Avenue, N.W.
Washington, DC 20004-2599
202-624-2425

Nonsmoking in the Workplace — A Guide for Employers

This comprehensive manual outlines procedures for developing a cost-effective nonsmoking program in the workplace, employee incentives to stop smoking, and methods to evaluate program results. $25. No quantity limit.

Minnesota Coalition For A Smoke-Free Society 2000

Suite 400
2221 University Avenue, S.E.
Minneapolis, MN 55414
612-378-0902

Clean Air Health Care — A Guide To Establish Smoke-Free Health Care Facilities

This guide is divided into two sections. The first section, "Setting the Agenda," demonstrates that a smoke-free hospital is legal, feasible, and desired by a majority of patients and employees. The second section, "Implementation," is a practical step-by-step guide to developing and adopting a smoke-free policy. $9.75. No quantity limit. "Clean Air Health Care for the Health of Our Patients," a poster suitable for framing, is $5.

National Cancer Institute

Office of Cancer Communications
Building 31, Room 10A24
Bethesda, MD 20892
1-800-4-CANCER

Quit For Good Kit

This complete packet of materials is designed for physicians, dentists, and other health professionals to assist their smoking patients to quit. Each kit contains enough materials for 50 patients: 1 *Quit For Good: A Practitioner's Stop Smoking Guide*, pamphlet, 1 copy; *Clearing the Air*, pamphlet, 50 copies; patient stop-smoking contracts, pad of 50; patient chart stickers; tent cards, set of 2; waiting room poster; and "Thank You For Not Smoking" sign) 1988, free. Limit of 5 kits can be ordered at one time.

National Heart, Lung, And Blood Institute

(in cooperation with the American Lung Association and the American Thoracic Society)
Order from:
Superintendent of Documents
U.S. Government Printing Office
Washington, DC 20402
202-783-3238

Clinical Opportunities for Smoking Intervention—A Guide for the Busy Physician

This guide discusses the important role physicians can play in helping their patients stop smoking and describes specific intervention strategies that can be integrated easily into the physician's clinical setting. A discussion of the biomedical consequences of smoking is also provided. August 1986. NIH Publication No. 86-2178. Free. Limit of 25 copies.

National High Blood Pressure Education Program

National Heart, Lung, and Blood Institute
Building 31, Room 4A21
Bethesda, MD 20892
301-496-4236

The Physician's Guide—How To Help Your Hypertensive Patient Stop Smoking

The hypertensive patient who smokes greatly increases his or her probability of developing cardiovascular disease. This physician's guide describes the "minimal smoking cessation procedure" designed especially for this high-risk group—a simple, practical, step-by-step approach that can be integrated into every routine high blood pressure office visit. April 1983. NIH Publication No. 83-1271. Free. Limit of 25 copies.

U.S. Office On Smoking And Health

Park Building
5600 Fishers Lane
Rockville, MD 20857
301-443-1690

A Physician Talks About Smoking

This slide program is designed to meet the needs of physicians and other health care professionals who are called upon to speak to medical and lay audiences on smoking and health. The slides summarize cigarette smoking as a risk factor for premature morbidity and mortality; costs of smoking-related disease and death; how cigarettes cause disease; and who smokes, how much, and why. 1986. $35 (a booklet containing the text of the slides is available free.)

For More Information

Federal Government

National Cancer Institute
Office of Cancer Communications
Building 31, Room 10A24
9000 Rockville Pike
Bethesda, MD 20892
1-800-4-CANCER

National Heart, Lung, and Blood Institute
Smoking Education Program
Building 31, Room 4A18
9000 Rockville Pike
Bethesda, MD 20892
301-496-1051

U.S. Office on Smoking and Health
Park Building
5600 Fishers Lane
Rockville, MD 20857
301-443-1690

Professional Organizations

American Academy of Family Physicians
Health Education Department
8880 Ward Parkway
Kansas City, MO 64114-3246
1-800-274-2237

American Medical Association
Division of Communications
535 North Dearborn Street
Chicago, IL 60610
312-645-4419

Doctors Ought to Care
HH-101
Medical College of Georgia
Augusta, GA 30912
404-721-2739

Voluntary Organizations

American Cancer Society
3340 Peachtree Road, N.E.
Atlanta, GA 30026
404-320-3333

American Heart Association
7320 Greenville Avenue
Dallas, TX 75231
214-822-9380

American Lung Association
1740 Broadway
New York, NY 10019
212-315-8700

Commercial Organization

Lakeside Pharmaceuticals
10123 Alliance Road
Cincinnati, OH 45242-9553
513-948-6040

Cohen SJ, Christen AG, Katz BP, et al. Counseling medical and dental patients about cigarette smoking: the impact of nicotine gum and chart reminders. Am J Public Health 1987; 77:313-6

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Russell MAH. Effect of nicotine chewing gum as an adjunct to general practitioners advice against smoking. Br Med J 1983; 287:1782-5

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Wilson DMC, Taylor W, Gilbert R, et al. A randomized trial of a family physician intervention for smoking cessation. JAMA 1988; 260:1570-4

Tear-Out Materials

Tear-Out Materials

Synopsis for Physicians: How To Help Your Patients Stop Smoking

1. Ask About Smoking At Every Opportunity

a. "Do you smoke?"

b. "How much?"

c. "How soon after waking do you have your first cigarette?"

d. "Are you interested in stopping smoking?"

e. "Have you ever tried to stop before?" If so, "What happened?"

2. Advise All Smokers To Stop

a. State your advice clearly, for example: "As your physician, I must advise you to stop smoking now."

b. Personalize the message to quit. Refer to the patient's clinical condition, smoking history, family history, personal interests, or social roles.

3. Assist The Patient in Stopping

a. Set a quit date. Help the patient pick a date within the next 4 weeks, acknowledging that no time is ideal.

b. Provide self-help materials. The smoking cessation coordinator or support staff member can review the materials with the patient if desired (for example, call 1-800-4-CANCER for NCI's *Quit for Good* materials.)

c. Consider prescribing nicotine gum, especially for highly addicted patients (those who smoke one pack a day or more or who smoke their first cigarette within 30 minutes of waking).

d. Consider signing a stop-smoking contract with the patient.

e. If the patient is not willing to quit now:
- Provide motivating literature (for example, call 1-800-4-CANCER for NCI's *Why Do You Smoke?* pamphlet.)
- Ask again at the next visit.

4. Arrange Followup Visits

a. Set a followup visit within 1-2 weeks after the quit date.

b. Have a member of the office staff call or write the patient within 7 days after initial visit, reinforcing the decision to stop and reminding the patient of the quit date.

c. At the first followup visit, ask about the patient's smoking status to provide support and help prevent relapse. Relapse is common; if it happens, encourage the patient to try again immediately.

d. Set a second followup visit in 1-2 months. For patients who have relapsed, discuss the circumstances of the relapse and other special concerns.

Synopsis for Office Staff: How To Develop Office Procedures To Help Patients Stop Smoking

1. Select an office smoking cessation coordinator who will be responsible for seeing that the office smoking cessation program is carried out.

2. Create a smoke-free office:
   a. Select a date for the office to become smoke free.
   b. Advise all staff and patients of this plan.
   c. Post no-smoking signs in all office areas.
   d. Remove ashtrays.
   e. Display nonsmoking materials and cessation information prominently.
   f. Eliminate all tobacco advertising from the waiting room.

3. Identify all patients who smoke.
   a. Ask all patients, "Do you smoke?" or "Are you still smoking?" at each visit.
   b. Prominently place a "Smoker" identifier on the charts of all smoking patients.
   c. Attach a permanent progress card to each patient's chart.

4. Review self-help materials (provided by either the physician or the coordinator) and nicotine gum use (if a prescription has been given) with each smoking patient.

5. Assist the physician in making followup visits.
   a. With each patient who has agreed to a quit date, schedule a followup visit 1-2 weeks after the quit date.
   b. Call or write the patient within 7 days after the initial visit to reinforce the decision to quit.
   c. Schedule a second followup visit approximately 1-2 months after the first followup visit.

Smoking Assessment Form

Date

Name

1. Do you now smoke cigarettes? ☐ yes ☐ no

2. Does the person closest to you smoke cigarettes? ☐ yes ☐ no

3. How many cigarettes do you smoke a day? _____ cigarettes

4. How soon after you wake up do you smoke your first cigarette?
   ☐ within 30 minutes ☐ more than 30 minutes

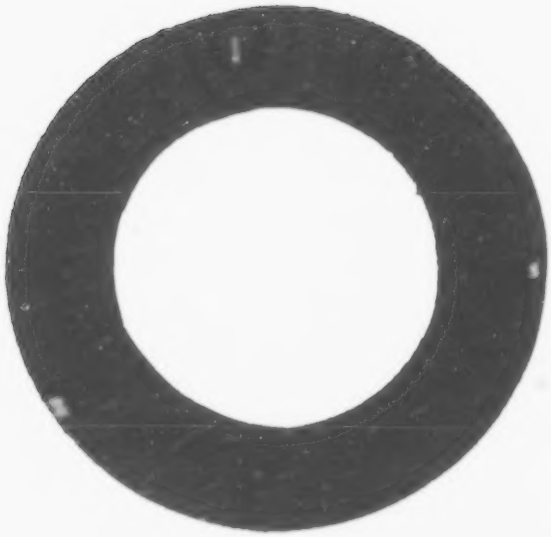
5. How interested are you in stopping smoking?
   ☐ not at all ☐ a little ☐ some ☐ a lot ☐ very

6. If you decided to quit smoking completely during the next 2 weeks, how confident are you that you would succeed?
   ☐ not at all ☐ a little ☐ some ☐ a lot ☐ very

For Physicians Only

Visit Date	Quit Date Established Yes	No	When	Date of Followup Visit	Comments

Patient Smoking Assessment Form



Information for Users of Nicotine Gum

Nicotine gum is a medication that provides nicotine, free from all the other harmful elements of cigarette smoke, to relieve many of the nicotine withdrawal symptoms that frequently occur when a smoker stops smoking.

However, there are some very important points that patients must know if nicotine gum is to be effective:

1. You should stop smoking completely before beginning to use nicotine gum.
2. Nicotine is released from the medication by contact with saliva in the mouth.
3. You should use the gum whenever you have the urge to smoke (or on a schedule, if your physician recommends one.)
4. Chew each piece of nicotine gum slowly and intermittently for about 30 minutes. Chewing quickly can release the nicotine too rapidly and reduce the effect of the gum. You should chew each piece of the gum enough to soften the medication or until you feel the taste or "tingling" from the nicotine. Then the gum should be placed between your cheek and gum so that the nicotine can be absorbed. Rechew the gum gently every few minutes to release more nicotine.
5. Do not drink liquids while the gum is in your mouth. Any nicotine that is swallowed with saliva or washed down with liquids will not be effective and may cause side effects such as heartburn or irritation.
6. You should use no more than 30 pieces of gum in any 24-hour period.
7. Nicotine gum is effective only when used in combination with advice and information provided by a physician or other health professional and should be used only under their supervision.

I agree to stop smoking on _____ .
Date

I understand that stopping smoking is the single best thing I can do for my health and that my health professional has strongly encouraged me to quit.

_____ _____
Patient's Signature Professional's Signature

_____
Today's Date

I agree to stop smoking on _____ .
Date

I understand that stopping smoking is the single best thing I can do for my health and that my health professional has strongly encouraged me to quit.

_____ _____
Patient's Signature Professional's Signature

_____
Today's Date

I agree to stop smoking on _____ .
Date

I understand that stopping smoking is the single best thing I can do for my health and that my health professional has strongly encouraged me to quit.

_____ _____
Patient's Signature Professional's Signature

_____
Today's Date

QUIT FOR GOOD RX QUIT FOR GOOD RX QUIT FOR GOOD RX

QUIT FOR GOOD ORDER

Please send _____ (limit of 3) free "Quit For Good" Kits to:

Name _____

Address _____

_____

City _____ State _____ Zip _____

Profession _____

Practice ☐ General ☐ Specialty _____ (please specify)

Setting ☐ Solo ☐ Group ☐ Institution ☐ HMO

Years in Active Practice _____

QUIT FOR GOOD ORDER

QUIT FOR GOOD ORDER

Please send _____ (limit of 3) free "Quit For Good" Kits to:

Name _____

Address _____

_____

City _____ State _____ Zip _____

Profession _____

Practice ☐ General ☐ Specialty _____ (please specify)

Setting ☐ Solo ☐ Group ☐ Institution ☐ HMO

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Address _____

_____

City _____ State _____ Zip _____

Profession _____

Practice ☐ General ☐ Specialty _____ (please specify)

Setting ☐ Solo ☐ Group ☐ Institution ☐ HMO

Years in Active Practice _____

No Postage Stamp
Necessary if Mailed
in the United States

Business Reply Mail
First Class Permit No. 13165 Washington, D.C.
Postage will be paid by Department of Health and Human Services

"Quit For Good" Kit
Office of Cancer Communications
National Cancer Institute
Building 31 Room 10A24
Bethesda, Maryland 20892

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Office of Cancer Communications
National Cancer Institute
Building 31 Room 10A24
Bethesda, Maryland 20892

At each visit:

Ask about smoking.

Advise smoking patients to stop.

Assist smoking patients by:

- Setting a quit date
- Providing self-help materials
- Prescribing nicotine gum, if appropriate

Arrange followup visits.

NATIONAL CANCER INSTITUTE

NIH Publication 89-3064
March 1989